

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-017201

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 4448 Primary Registration District No. 6024 Registrar's No. 78

STATE FILE NUMBER

VS 300
Rev. 4/59

1 0890

2 0499

3

4 0

5 0

6

7 0

8 2

9 089

10 1291-3

11 132-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>Ray</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jasper</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Polk Township</u>		c. CITY OR TOWN <u>Joplin</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>3 mi. north Lawson, Mo.</u>		d. STREET ADDRESS (If outside, give location) <u>806 Ohio Street</u>	
3. NAME OF DECEASED (Type or print) First <u>Scott</u> Middle <u>L.</u> Last <u>Emmert</u>		4. DATE OF DEATH Month <u>May</u> Day <u>4</u> Year <u>1963</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>7-12-1942</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Military</u>		10b. KIND OF BUSINESS OR INDUSTRY	
11a. FATHER'S NAME <u>John H. Emmert</u>		11b. MOTHER'S MAIDEN NAME <u>Louise M. Scott</u>	
12. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u> <u>7-0-61</u>		13. SOCIAL SECURITY NO. <u>Captain H.L. Dews, Lawson, Missouri</u>	
14. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Internal brain hemorrhage</u>		INTERVAL BETWEEN ONSET AND DEATH <u>Minutes?</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Severe concussion</u> DUE TO (c) <u>Cause's unknown</u>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Fractured left femur, fibula and ankle.</u>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>Not known at this time.</u>	
20c. TIME OF INJURY Hour <u>a.m.</u> Month, Day, Year <u>p.m.</u>		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Highway C</u>		20f. CITY, TOWN, OR LOCATION <u>3 mile north Lawson, Ray Missouri</u>	
21. I attended the deceased from _____ to _____ and last saw her alive on _____. Death occurred at _____ m, on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Don L. Luskford</u>		22b. ADDRESS <u>Richmond, Missouri</u>	
22c. DATE SIGNED <u>5-4-1963</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	23b. DATE <u>5-6-1963</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Sexton Funeral Home</u>	23d. LOCATION (City, town, or county) (State) <u>Leavenworth, Kansas</u>
24. FUNERAL DIRECTOR <u>Sexton Funeral Home, Leavenworth, Ks.</u>		25. DATE RECD. BY LOCAL REG. <u>5-12-1963</u>	
		26. REGISTRAR'S SIGNATURE <u>Malcolm Jackson</u>	

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

JUN 2 1961

JUN 1 1961

120

P80
E-1P

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Thomas J. Carter

Licensed Embalmer No. 4474

P. O. Address Richmond, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.